

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44392
STATE FILE NUMBER
6070
Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JAN 8 1958

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| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Lady of Mercy Home | | | Length of stay in life Life | | d. STREET Park Lane Hotel (give location) ADDRESS 4600 J.C. Nichols Pky. | | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) MISS EDITH JOYCE HANNA | | | | First Middle Last | | 4. DATE OF DEATH Month Dec. Day 20 Year 1957 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Aug. 31, 1879 | | 9. AGE (In years last birthday) 78 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher at Westport | | 10b. KIND OF BUSINESS OR INDUSTRY High School | | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME T. K. Hanna | | | | 14. MOTHER'S MAIDEN NAME Judith Vanable | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address John H. Volch 1815 Freman Ave, KCK | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, mixed organism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive C-V disease, extensive damage aneurysm & hypertrophy DUE TO (c) Senile deterioration | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 10 years 443X | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour 8:10 Month Dec. Day 20 Year 1957 a. m. p. m. | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from Aug. 22, 1956 to Dec. 20, 1957 and last saw her alive on Dec. 17, 1957 Death occurred at 8:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE N. V. Bolin, M. D. (Degree or title) | | | | 22b. ADDRESS 4620 Nichols Pkwy K.C., Mo | | 22c. DATE SIGNED Dec. 22, 1957 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 23, 1957 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery | | 23d. LOCATION (City, town, or county) Kansas City, Missouri | | (State) | |
| 24. FUNERAL DIRECTOR Stine & McClure ADDRESS Kansas City, Missouri | | | | 25. DATE RECD. BY LOCAL REG. 12-22-57 | | 26. REGISTRAR'S SIGNATURE Neva Minshel | | | |

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File 1-6190

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Elmer D. Zipp _____

Licensed Embalmer No. 4817

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.